

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000001485

1. Entity Name
CRR FINANCIAL SERVICES, LLC



Principal Place of Business
5264 DAWES AVE
ALEXANDRIA, VA 22311-1404

Mailing Address
5264 DAWES AVE
ALEXANDRIA, VA 22311-1404



02222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1920033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

1000000057646
02/27/04-80008-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARBLOW, CARL R 5264 DAWES AVENUE ALEXANDRIA, VA 223111404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARBLOW, ROLAND C 4115 ANNANDALE ROAD, SUITE 300 ANNANDALE, VA 22003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLOYD, ROBERT R 4115 ANNANDALE ROAD, SUITE 300 ANNANDALE, VA 22003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VARBLOW, CONRAD R 12700 THUNDER CHASE DRIVE RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FEB 21, 2004 (703) 575-9725

Date

Daytime Phone #